IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JENNIFER GREEN Plaintiff, v. TEDDIE KOSSOF SALON & DAY SPA, Defendant,	13 cv 6709 Judge Joan B. Gottschall Magistrate Arlander Keys

PLAINTIFF'S REPLY TO DEFENDANT'S MOTION TO DISMISS

NOW COMES the Plaintiff, Jennifer Green, pro se, and respectfully submits her Reply to the Defendant's Motion to Dismiss. In support thereof, Plaintiff states as follows:

Statement of Facts

Plaintiff filed with and was in compliance with the E.E.O.C. through their investigative process until she was granted her "Notice of Right To Sue". Plaintiff, obtained assistance through the Pro Se Assistance Program for the Northern District of Illinois, Eastern Division due to the inability to retain counsel. Plaintiff has no legal experience. Plaintiff met with three different people with the Pro Se Assistance program through the period of obtained assistance. Each of the people with the program Plaintiff met with said her complaint was adequate. However, every other appointment the appointed individual would say it had to be written differently. As such, Plaintiff would edit it to each of their specifications and by the third revision, it was the final day for Plaintiff to file. Plaintiff was, however, told the final complaint was "very well written "and "detailed ", and there should not be any issues regarding format, given her lack of legal knowledge and inexperience with Law Practice. Plaintiff was also given a vague outline by the Pro Se Assistance program of what was expected in her complaint. ***see exhibit 1: Summary of Instructions for Filing a Civil Case.*** Using the materials and

guidance given by the Pro Se Assistance Program, Plaintiff filed her complaint September 18, 2013, against her former employer, Teddie Kossof Salon & Day Spa.

I. Defendants motion to dismiss falls short of entitling them to dismissal pursuant to Fed. R. Civ. P. 12(b)(6)

When evaluating on "a motion to dismiss, the court accepts Plaintiff's allegations as true and draws all reasonable inferences in Plaintiff's favor." Pendolino v. BAC Home Loan Servicing, LP, 2011 WL 3022265 (N.D. Ill. 2011), (citing) Bonte v. U.S. Bank, N.A., 624 F.3d 461, 463 (7th Cir. 2010). In the Defendants motion to dismiss, they begin by attempting to set a legal standard through precedent of cases that are immediately distinguishable from the case *sub judice*. None of the cases the defendant places their misguided reliance on involved a *pro se* litigant. "Pleadings must be construed so as to do justice." Fed. R. Civ. P. 8(e). "a *pro se* complaint, however inartfully pleaded, must be held to less stringent standards than formal pleadings drafted by lawyers." Erickson v. Pardus, 551 U.S. 89, 94 (2007), see also Luevano v. Wal-Mart Stores, Inc., 722 F.3d 1014, 1027 (7th Cir. Ill. 2013). As such, in order to state a claim in federal court, a *pro se* litigant must: "explain what each defendant did to him or her; when the defendant did it; how the defendant's action harmed him or her; and, what specific legal right the plaintiff believes the defendant violated. After all, these are, very basically put, the elements that enable the legal system to get weaving - permitting the defendant sufficient notice to begin preparing its defense and the court sufficient clarity to adjudicate the merits." Nasious v. Two Unknown B.I.C.E. Agents, 492 F.3d 1158, 1163 (10th Cir. Colo. 2007). Although in much greater detail than what is required by Fed. R. Civ. P. 8, the plaintiff in this case specifically addressed in her complaint: 1) what each defendant did to her; 2) When the defendant engaged in the conduct complained of; 3) and the specific legal right the plaintiff believes the defendant in this matter violated. The complaint filed by plaintiff, although not artfully drafted contains numerous facts that contain all the essential elements and

the reasonable inference from the facts alleged that violations of the ADA occured. As such, dismissal should not be granted to the Defendants for the above and foregoing issues presented in this Reply to Defendants Motion to Dismiss. In addition, Plaintiff requests, if required to amend her complaint, to be appointed counsel as a poor person, even if for the limited role of amending her meritorious complaint to cure any procedural defects.

II. Defendant erroneously concludes that "lumbar radiculopathy" is not a disability under the ADA

In the defendants motion, counsel uses quotation marks ("") to denote several provisions under the Code of Federal Regulations. However, nothing the defendant quoted is language of the relevant C.F.R. For example, the defendant quotes: "significantly restricted in the ability to perform either a class of jobs or a broad range of jobs in various classes as compared to the average person having comparable training, skills and abilities' 29 C.F.R. § 1630.2(j)(3)(i)". See Defendants Motion to Dismiss, at p. 4. However, the plain language of the C.F.R states: "(3) Predictable assessments --(i) The principles set forth in paragraphs (j)(1)(i) through (ix) of this section are intended to provide for more generous coverage and application of the ADA's prohibition on discrimination through a framework that is predictable, consistent, and workable for all individuals and entities with rights and responsibilities under the ADA as amended." 29 C.F.R. § 1630.2(j)(3)(i). It is unclear if Defendant intended to cite a case they were paraphrasing or quoting. However the language they "quote" is not the language of the provisions they cited and in fact cite to the EEOC's intent of providing for a more generous coverage and application of the ADA's prohibition on discrimination. 29 C.F.R. § 1630.2(j)(3)(i).

Analysis of the plain language of the relevant C.F.R. defines what a disability is, not the

defendants patently false characterization of the Plaintiff's "Lumbar Radiculopathy" or other medical conditions for that matter. In order to establish a prima facie case of discrimination in violation of the ADA, the plaintiff must prove that (1) [s]he has a disability; (2)[s]he is a qualified individual; and (3) [s]he was subjected to unlawful discrimination because of his [her] disability. Holbrook v. City of Alpharetta, 112 F.3d 1522, 1526 (11th Cir. Ga. 1997). "considerable weight should be accorded to an executive department's construction of a statutory scheme it is entrusted to administer, and the principle of deference to administrative interpretations." Chevron, U.S.A., Inc. v. NRDC, Inc., 467 U.S. 837, 844 (1984). Under the provisions of 29 C.F.R. § 1630.2 et seq., the condition, "Lumbar Radiculopathy", would be considered a disability under the ADA. Definition of 'disability.' "In general. Disability means, with respect to an individual: (i) A ***physical*** or mental ***impairment*** that ***substantially limits one or more*** of the ***major life activities*** of such individual; (ii) ***A record of such an impairment***; or (iii) Being regarded as having such an impairment as described in paragraph (l) of this section. This means that the individual has been subjected to an action prohibited by the ADA as amended because of an actual or perceived impairment that is not both 'transitory and minor.' An individual may establish coverage under any one or more of these three prongs of the definition of disability, i.e., paragraphs (g)(1)(i) (the 'actual disability' prong), (g)(1)(ii) (the 'record of' prong), and/or (g)(1)(iii) (the 'regarded as' prong) of this section. 29 C.F.R. § 1630.2(g) et seq. (emphasis added). The medical records containing the Plaintiff's: Prescriptions, general physician and neurology specialist reports, MRI, diagnosis/prognosis were a part of the EEOC file and should now be a part of the file of this case since it was forwarded by the EEOC. Under the definition of physical impairment, the C.F.R. states: "***Any physiological disorder or condition***, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as ***neurological, musculoskeletal***, special sense organs,

respiratory (including speech organs), cardiovascular, ***reproductive***, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and ***endocrine***." 29 C.F.R. § 1630.2(h)(1) (emphasis added). "In determining whether an individual has a disability under the 'actual disability' or 'record of' prongs of the definition of disability, the focus is on how a major life activity is substantially limited, and not on what outcomes an individual can achieve. ***For example, someone with a learning disability may achieve a high level of academic success, but may nevertheless be substantially limited in the major life activity of learning because of the additional time or effort he or she must spend to read, write, or learn compared to most people in the general population***." 29 C.F.R. § 1630.2(j)(4)(iii) (emphasis added). The C.F.R. defines "Major life activities— (1) In general. ***Major life activities include, but are not limited to***: (i) ***Caring for oneself, performing manual tasks***, seeing, hearing, eating, ***sleeping, walking, standing, sitting, reaching, lifting, bending***, speaking, ***breathing***, learning, reading, ***concentrating, thinking***, communicating, interacting with others, ***and working***." ." 29 C.F.R. § 1630.2(i)(1) et seq. (emphasis added). Additionally, the C.F.R. goes on to list other factors: "The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, ***neurological***, brain, ***respiratory***, circulatory, cardiovascular, ***endocrine***, hemic, lymphatic, ***musculoskeletal, and reproductive functions***. The operation of a major bodily function includes the operation of an individual organ within a body system." 29 C.F.R. § 1630.2(i)(1)(ii) (emphasis added). "The primary object of attention in cases brought under the ADA should be whether covered entities have complied with their obligations and whether discrimination has occurred, ***not*** whether an individual's impairment substantially limits a major life activity. Accordingly, the threshold issue of whether impairment "substantially limits" a major life activity ***should not*** demand extensive analysis." 29

C.F.R. § 1630.2(j)(1)(iii) (emphasis added). "The term 'substantially limits' ***shall be construed broadly in favor of expansive coverage***, to the maximum extent permitted by the terms of the ADA. "Substantially limits" is not meant to be a demanding standard. 29 C.F.R. § 1630.2(j)(1)(i) (emphasis added). "An impairment is a disability within the meaning of this section if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict, the individual from performing a major life activity in order to be considered substantially limiting. Nonetheless, not every impairment will constitute a disability within the meaning of this section. 29 C.F.R. § 1630.2(j)(1)(ii). "An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active." 29 C.F.R. § 1630.2(j)(1)(vii). "An impairment that substantially limits one major life activity need not substantially limit other major life activities in order to be considered a substantially limiting impairment." 29 C.F.R. § 1630.2(j)(1)(viii). "There are many patients who suffer from radiculopathy, characterized by ***spontaneous pain, weakness and numbness in the buttock, leg, and foot and difficulty in controlling specific muscles***. Radiculopathy can occur in any part of the spine, most commonly in the lower back (lumbar radiculopathy) and neck (cervical radiculopathy) and not in the middle of the spine (thoracic radiculopathy). ***Radiculopathy is caused by compression or irritation of the spinal nerves***. This can be due to mechanical compression of the nerve by a disc herniation or thickening of surrounding ligaments. Other causes of radiculopathy include diabetes, which can decrease the normal blood flow to the spinal nerves. Inflammation from trauma can also lead to radiculopathy from direct irritation of the nerves." Takiguchi et al. Molecular Pain 2012, 8:31 http://www.molecularpain.com/content/8/1/31. little is known about the degree of radiculopathy at the various levels of nerve injury. Takiguchi. Plaintiffs impairments are episodic and when Plaintiffs

condition does "flare up" it leaves her immobile and bed ridden at times; other times she needs a cane in order to even stand on her own or walk; and quite often with the heavy narcotics/ medications she is prescribed, she can alleviate at least the pain (this remedy however does not (1) cure muscle weakness, involuntary muscle spasms, or any other effect other than the pain caused from the lumbar radiculopathy; and (2) puts her in an intoxicated state from her prescriptions that she is unable to perform many vital life functions. It is quite clear from the medical records in this case that the Plaintiff has suffered serious damage to her back that could possibly be repaired only by a potentially dangerous surgical procedure, not your average characteristics as if she were complaining about mere pain as the Defendant seeks to make the Plaintiffs condition to be. "An individual has a record of a disability if the individual has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities." 29 C.F.R. § 1630.2(k)(1). "Whether an individual has a record of an impairment that substantially limited a major life activity shall be construed broadly to the maximum extent permitted by the ADA and should not demand extensive analysis. An individual will be considered to have a record of a disability if the individual has a history of an impairment that substantially limited one or more major life activities when compared to most people in the general population, or was misclassified as having had such an impairment. In determining whether an impairment substantially limited a major life activity, the principles articulated in paragraph (j) of this section apply." 29 C.F.R. § 1630.2(k)(2). "Except as provided in § 1630.15(f), an individual is 'regarded as having such an impairment' if the individual is subjected to a prohibited action whether or not that impairment substantially limits, or is perceived to substantially limit, a major life activity. Prohibited actions include but are not limited to refusal to hire, demotion, ***placement on involuntary leave, termination***, exclusion for failure to meet a qualification standard, ***harassment, or denial of***

any other term, condition, or privilege of employment." ." 29 C.F.R. § 1630.2(l)(1) (emphasis added). "Except as provided in § 1630.15(f), an individual is 'regarded as having such an impairment' any time a covered entity takes a prohibited action against the individual because of an actual or perceived impairment, even if the entity asserts, or may or does ultimately establish, a defense to such action." 29 C.F.R. § 1630.2(l)(2) (emphasis added). "A covered entity is required, absent undue hardship, to provide a reasonable accommodation to an otherwise qualified individual who meets the definition of disability under the 'actual disability' prong (paragraph (g)(1)(i) of this section), or 'record of' prong (paragraph (g)(1)(ii) of this section), but is not required to provide a reasonable accommodation to an individual who meets the definition of disability solely under the "regarded as" prong (paragraph (g)(1)(iii) of this section)." 29 C.F.R. § 1630.2(o)(4). The original. The original complaint along with the medical documentation on file and the EEOC report on file positively affirm that the Plaintiff is "disabled" under the act. Additionally, her detailed complaint adequately put the Defendants on notice of the facts that the Plaintiff intends to prove to a jury at trial. In addition, the EEOC granted this plaintiff permission to bring her suit; if her complaint did not fall under the ADA standards, the EEOC should have sua sponte dismissed her claim against the Defendant.

III. <u>Plaintiff's complaint sufficiently stated facts that a jury could reasonably conclude violations occurred</u>

As stated in the foregoing paragraphs, the Plaintiff, in her complaint, specifically laid out facts that could entitle her to relief. Here the Defendant filed a motion simply to try to get the plaintiff to amend simply in the hopes she would omit vital information, not for clarification. In their motion, they basically attempt to hold her to the standard expected of a licensed practitioner of the law and to lay out an elements test for them and then hold their hand through the explanation when ***any*** member of their

legal team has more legal knowledge than the Plaintiff. It is, as stated earlier, sufficient that she laid out the factual elements supporting the claim and what laws she believes were violated, which she did, so that the Defendant could prepare a defense . She specifically argued the discrimination towards her neurological and musculoskeletal impairment, "lumbar radiculopathy", that was the primary cause of the events that led to this claim and is a "disability" in her case under all 3 prongs of the disability definition contained in 29 C.F.R. § 1630.2(g) et seq. (For example, if this were say a simple "slip and fall case" it would be sufficient if it were alleged that: Person A, went in to the store owned by Person B while Person B was the only one working at the business and person A slipped on a wet floor where there was no wet floor sign and no warning. If used in this context, the Defendants motion would be saying because the *pro se* litigant did not "spell out" the elements for a personal injury tort that the pro se litigants complaint should be dismissed although it factually established, even without discovery, that violations took place. Even under the gender discrimination Plaintiff alleged, the defendant makes the claim that it must fail because it does not involve a disproportionate result that happened to a male. However, the final medical condition (ovarian cyst [also a disability under the C.F.R.]) the Plaintiff had up to her termination can only be suffered by a female. Assuming *arguendo,* that the defendant did attempt to make all of the accommodations that he will most certainly try to falsely certify were done, it can be easily concluded from the facts in the complaint, that he (Alan Kossof) as a male, gave the Plaintiff more leniency when it came to a gender neutral medical condition, and yet treated a condition that can only affect females as if it were insignificant. This is not a case where insufficient factual matter is alleged. Even throughout the EEOC investigation, the Defendant explicitly admitted that the Plaintiffs termination was due to "too many medical problems" How the Defense cannot prepare for a discrimination case when the Defendant admitted discrimination to the EEOC because of a pleading file

by a non lawyer that was factually sufficient is unclear. Especially since the Defendant has not established "beyond a doubt" that the Plaintiff can prove no set of facts in support of his claim which would entitle him to relief, his motion to dismiss should be denied. In addition, the Defendants request for a more definite statement should also be denied. " First, undue length alone ordinarily does not justify the dismissal of an otherwise valid complaint. Where a complaint does not comply with Rule 8's mandate of 'a short and plain statement of the claim' but nevertheless puts the Defendant on notice of the Plaintiff's claims, dismissal is inappropriate 'merely because of the presence of superfluous matter.'" Stanard v. Nygren, 658 F.3d 792, 797 (7th Cir. Ill. 2013). Although lengthy, Plaintiffs complaint alleges numerous acts by the Defendant that support her claim and the requisite standards of proof for the discriminatory acts she descriptively alleged. The defendant purports that since the Plaintiffs complaint was long and contained citations to cases factually similar to her claims that it is "vague" or "unintelligible" . However, their own motion defeats their simple argument that the Plaintiffs complaint is unintelligible. Defendant cites to the Plaintiffs "Lumbar Radiculopathy" with no problem as not being a "disability under the ADA" for the purposes of their defense of a dismissal pursuant to their motion to dismiss. The Defendants also clearly made claims that they were entitled to a motion to dismiss because of "failure to state a claim." However, if the plaintiffs complaint was truly unintelligible, entitlement to relief pursuant to rule 12(e), no grounds for the Defenses allowed through a motion should exist especially where their motion for dismissal for failure to state a claim is denied as should be in this matter. How they go from one hand saying they cannot understand the complaint in order to defend it, yet seek dismissal for specified grounds they themselves cited to in the complaint is unclear. However since the Plaintiff, *pro se*, is entitled to leniency when analyzing their pleading, the Defendants motion for more definite statement should also be denied.

WHEREFORE, Plaintiff prays this honorable court deny Defendants motion to dismiss pursuant to Fed. R. Civ. P. 12(b)(6) and deny their motion for a more definite statement pursuant to Fed. R. Civ. P. 12(e).

Jennifer S. Green

Plaintiff, pro se
Jennifer S. Green

Moonchild1182@gmail.com
847-275-8430

Summary of Instructions for Filing a Civil Case

	Document	General Information	Number of Copies Required
X	**Complaint**	List all plaintiffs and defendants in the caption the top left of the complaint. State your case in your own words, using additional pages if you need them. Your signature, address, and telephone number must appear on the last page of your complaint. Exhibits may be attached to your complaint.	You must provide an original, 1 copy for the assigned judge, and 1 copy for *each* defendant named in your complaint. If you are suing the federal government or one of its agencies, you need to provide 3 extra copies. (3)
X	**Civil Cover Sheet (JS-44)** This is a form used by the Court in preparing the docket for your case.	Instructions for completing this form appear on the reverse side of the JS-44.	Only the original is required.
X	**Appearance** The appearance form is used to designate who will be acting as the attorney for a party.	If you do not have an attorney and will be proceeding without counsel, fill in the appearance form in accordance with the instructions found on the reverse side of the form, supplying your name and address. Add the words "pro se" next to your name.	Only the original is required.
X	**Filing fees**	There is a fee of $350 for the filing of a civil case other than a writ of habeas corpus. If you are unable to afford the fee, see the information below about in forma pauperis petitions.	NA
X	**In Forma Pauperis Petition** This petition is used by a plaintiff who requests approval by the court for a civil case to proceed without the prepayment of the filing fee.	Complete all appropriate sections of the petition, sign and date.	You must provide an original and 1 copy for the assigned judge.

Motion for Appointment of Counsel This motion is a request that the court appoint an attorney.	Complete the motion form in accordance with the instructions attached to the form.	You must provide an original and 1 copy for the assigned judge.
Summons	Complete the original and one copy for service to each defendant. Your own name and address should appear under the heading labeled "Plaintiff's Attorney."	You must provide an original and 1 copy for *each* defendant named in your complaint. If you are suing the federal government or one of its agencies, you need to provide 3 extra copies.

Name: Jennifer S Green | DOB: 1/1/1982 | MRN: 007312028 | PCP: MOHITMEET SINGH, MD

Past Medical History

Information concerning your health from outside the NorthShore University HealthSystem is not necessarily reflected here. Your physician may be able to update your information to ensure accuracy.

If you feel any of the information is inaccurate, please message your doctor's care team **so that your record can be updated accordingly.**

Medical History

Diagnosis	When
Unspecified Asthma	
Concussion, Unspecified	2002
Other And Unspecified Ovarian Cyst	
Myoclonic Seizure	
Lumbar Radiculopathy, Chronic	

Surgical History

Procedure	When
Plastic Surgery, Neck	
Removal Of Ovarian Cyst(s)	1998
Repair Hernia Inguinal	2011

Family Medical History

Relationship	Health Issue	Comment
Other	Cancer	Adopted
	Heart	unknown heart diseae

Social History

Smoking Tobacco Use: Former Smoker

Smoking Tobacco Types: Cigarettes

Packs / Day:

Years Smoked: .5

Smoking Tobacco Quit Date: 3/6/2010

Smokeless Tobacco Use:

Never Used

- **Smokeless Tobacco Types:**

Alcohol Use: Yes

Ounces / Week: 1

Family Status

You have no family status on file.

Patient Information

Patient Name	Sex	DOB
Green, Jennifer S	Female	1/1/1982

Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Beckerman, Mihail, MD	Signed	Beckerman, Mihail, MD	3/6/2013 1:02 PM

Progress Notes

S: pain increased. Tramadol not as effective as in the past. We tried gabapentin and cymbalta but had side effects. LBP with radiation to LE
BP 116/63 | Pulse 66 | Resp 17 | Ht 5' 6" (1.676 m) | Wt 145 lb (65.772 kg) | BMI 23.40 kg/m2 | SpO2 98% | LMP 01/25/2013
aaa x 3
Gait nl
cardiopulm stable
A/P: lumbar radiculopathy. Increase tramadol to 100mg. Add topamax.
> 50% of the time was spent in medical counselling and/or discussion of test results, medical condition and treatment options. Face to face time spent was 15 minutes.

For pt's employer,
Pt is being treated by me for lumbar radiculopathy. She is on tramadol and topamax.
She experiences intermittent exacerbations but once pain subsides she can work without any restrictions.
MIHAIL BECKERMAN, MD

Chart Review Routing History

Name	Address/Fax	Phone	Method	Report	Sent By	Sent	Filed
Mohitmeet Singh, MD			In Basket	ECR IP NOTE DETAILS (RICH TEXT)	Jose M. Velasco, MD [4270]	12/19/2011	12/19/2011

NORTH SHORE PAIN CENTER

Steven Blum, M.D., Dickson Wu, M.D., Mihail Beckerman, M.D., Robert L. Barkin, M.B.A., Pharm. D.
9701 Knox Avenue, Suite 103. Skokie, Illinois 60076 (847) 933-6974. Fax (847) 933-6044

Mrs. Green has herniated disc at 4-5.
This possibly is related to the MVA.
She had one epidural steroid injection
and will get one more. If this doesn't
work, she may need surgery (microdiscectomy)

11/9/14

Medical Group

Chicago Medical Office
2073 North Clybourn Avenue
Chicago, IL 60647

Evanston Medical Building
1000 Central Street, Suite 615 and 800
Evanston, IL 60201

Evanston Kellogg Cancer Center
2650 Ridge Avenue
Evanston, IL 60201

Glenbrook Ambulatory Care Center
2180 Pfingsten Road
Glenview, IL 60026

Glenbrook Eye and Vision Center
2050 Pfingsten Road, Suite 280
Glenview, IL 60026

Glenview Park Center
2400 Chestnut Avenue, Suite A
Glenview, IL 60026

Gurnee Ambulatory Care Center
7900 Rollins Road Suite 1100
Gurnee, IL 60031

Highland Park Specialty Care Center
757 Park Ave West, Suite 2850
Highland Park, IL 60035

Skokie Ambulatory Care Center
9650 Gross Point Road, Suite 3900
Skokie, IL 60076

February 22, 2013

To Whom It May Concern:

RE: Jennifer S Green
1/1/1982
xxx-xx-2985

Jennifer Green has been my patient since July 2003. She is being treated for primary generalized epilepsy.

Please feel free to contact me if I can offer additional information.

Sincerely,

Steven L. Meyers, M.D.
Department of Neurology

NORTHSHORE UNIVERSITY HEALTHSYSTEM

NORTHBROOK COURT MEDICAL IMAGING

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: GREEN, JENNIFER
Medical Record Number: 007312028
Account Number: 39982472
Patient Location: MRI NBCR

Age: 29 years **Sex:** F
Date of Birth: 1/1/1982

Accession #:	Procedure Name:	Exam Date	Ordering Physician:
MR-11-0019544	MRI Lumbar Spine W/O&W Cont-NBCR	5/23/2011 1:53:03 PM	SINGH, MOHITMEET

Results
Infused MRI of the lumbar spine.

COMPARISON: None.

Clinical data: Lumbago.

FINDINGS:

Sagittal imaging shows normal vertebral body alignment, without listhesis. Vertebral body heights are intact. Degenerative Schmorl's nodes are identified along the inferior endplates of T12 and L4. Bone marrow signal is within normal limits. The intervertebral discs are normal in height and signal. The conus terminates at L2 and is normal in morphology and signal. Post gadolinium imaging shows no pathologic intrathecal enhancement.

L1/L2, L2/L3, L3/L4: Normal.

L4/L5: Mild disc bulge. Small right foraminal disc protrusion. Mild right neuroforaminal narrowing. Minimal left neuroforaminal narrowing. No central spinal stenoses. Mild facet degeneration.

L5/S1: Normal disc. Moderate facet degeneration. No spinal stenoses.

IMPRESSION:

Copies to: SINGH, MOHITMEET

PHYSICIANS, NOT NORTHSHORE MD

NORTHSHORE UNIVERSITY HEALTHSYSTEM

NORTHBROOK COURT MEDICAL IMAGING

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MR-11-0019544	MRI Lumbar Spine W/O&W Cont-NBCR	5/23/2011 1:53:03 PM	SINGH, MOHITMEET

Small right foraminal disc protrusion at L4/L5.

Mild to moderate facet degeneration in the lower lumbar spine.

FINAL REPORT

Thank you for referring your patient to NorthShore University HealthSystem

Dictated on: 05/23/2011 15:51
Dictating Resident/Fellow/Radiologist: OLSEN, KRISTINA I. MD
Transcribed by: PT 05/23/2011 15:51
Electronically Verified and Signed by: OLSEN, KRISTINA I. MD 05/23/2011 15:55

Copies to: SINGH, MOHITMEET

PHYSICIANS, NOT NORTHSHORE MD

Print This Page | Close This Window

Name: Jennifer S Green | DOB: 1/1/1982 | MRN: 007312028 | PCP: MOHITMEET SINGH, MD

Visit Details

Glenbrook Emergency Room
2100 Pfingsten Road
GLENVIEW IL 60025
Phone:847-657-5632
Fax:847-657-5993

Jennifer S Green — **Description:31 year old female**
1/29/2013 4:24 PM Hospital Encounter — **Department:Glenbrook Emergency Room**

After Visit Summary

Your Demographic Information

Date Of Birth	Gender	Race	Ethnicity	Preferred Language
1/1/1982	Female	Caucasian	Non-Hispanic	English

My Reason(s) for Today's Visit

ABDOMINAL PAIN

Patient Instructions

None

Goals as of 1/29/13

None

My To Do List

No orders found for display

This is a Full List of My Medications

Medication	
Fluconazole (DIFLUCAN) 150 MG PO TABS (Taking)	Take 1 Tab by mouth once for 1 dose.
Norco 10, HYDROcodone/APAP 10/325mg, 10-325 MG PO TABS (Taking/Discontinued)	Take 1-2 Tabs by mouth every 6 hours as needed.
TraMADol (ULTRAM) 50 MG PO TABS (Taking/Discontinued)	1 Tab every 6 hours as needed.
Fluticasone HFA (FLOVENT HFA) 110 MCG/ACT IN AERO (Taking)	1 Puff inhale two times per day.
Montelukast 10 MG PO TABS (Taking)	Take 1 Tab by mouth every night at bedtime.
ClonAZEPAM, Klonopin, 0.5 MG PO TABS (Taking/Discontinued)	TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME
ZYRTEC PO (Taking)	One tablet every day
Albuterol Neb 2.5mg/3ml (0.083%) for PFT (2.5mg/3ml) IN NEBU (Taking)	3 mL inhale as directed
ALBUTEROL IN (Discontinued)	inhale as needed.

We Performed the Following Today

CBC W DIFFERENTIAL [85025 CPT(R)]
CHLAMYDIA/GC BY PCR, GE [87491 Custom]
CULT&GRM STN, VAGINAL [87070 CPT(R)]
ED - BASIC METABOLIC GROUP [80047 CPT(R)]
EXTRA BLUE TUBE 1 [LAB7538 Custom]
EXTRA GREEN TUBE 1 [LAB7535 Custom]
EXTRA LAVENDER TUBE 1 [LAB7532 Custom]
EXTRA SST TUBE 1 [LAB7550 Custom]
TRICHOMONAS PREP,GENITAL [87210 CPT(R)]
URINALYSIS - MACROSCOPIC [81003 CPT(R)]
URINE MICROSCOPIC [LAB6680 Custom]
US DOPPLER ABD/PELVIS/RETRO/SCROTUM LTD [93976 CPT(R)]
US TRANSVAGINAL SCREEN [76830 CPT(R)]

Today's Immunizations Administered on Date of Encounter - 1/29/2013

None

Your Vitals Were - Last Recorded

BP	Pulse	Temp(Src)	Resp	Height	Weight
112/65	58	98.1 °F (36.7 °C)	18	5' 6" (1.676 m)	140 lb (63.504 kg)

BMI	Smoking Status
22.61 kg/m2	Former Smoker

Allergies as of 1/29/2013

Codeine
Other
Pharbedryl
Theophylline

Results

EXTRA LAVENDER TUBE 1

Component
LAVENDER EXTRA TUBE
TUBE ON HOLD

EXTRA GREEN TUBE 1

Component
GREEN TOP EXTRA TUBE
TUBE ON HOLD

EXTRA BLUE TUBE 1

Component
BLUE TOP EXTRA TUBE
TUBE ON HOLD

EXTRA SST TUBE 1

Component
SST EXTRA TUBE
TUBE ON HOLD

CBC W DIFFERENTIAL

Component	Value	Standard Range & Units
WBC	7.8	4.0-10.0 THOU/CU MM
RBC	4.09	3.90-5.25 M/UL
HEMOGLOBIN	13.0	12.0-15.0 GM/DL
HCT	37.4	36.0-45.0 %
MCV	91.5	81.0-99.0 CU MICRONS
MCH	31.8	27.0-33.0 UUG
MCHC	34.7	32.5-36.5 %
RDW	12.0	11.6-14.8 %
PLATELET COUNT	211	150-400 THOU/CU MM
LYMPH%	21.0	12.0-40.0 %
MONO%	6.9	4.0-12.0 %
NEUT%	63.6	40.0-74.0 %
EOSIN%	7.9	0.0-8.0 %
BASO%	0.6	0.0-2.0 %
ABSOLUTE LYMPH	1.6	1.0-4.0 THOU/CU MM
ABSOLUTE MONO	0.5	0.1-0.7 THOU/CU MM
ABSOLUTE NEUT	5.1	1.5-8.0 THOU/CU MM
ABSOLUTE EOS	0.6	0.0-0.6 THOU/CU MM
ABSOLUTE BASO	0.0	0.0-0.2 THOU/CU MM

URINALYSIS - MACROSCOPIC

Component	Value	Standard Range & Units
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPECIFIC GRAVITY	1.015	1.005-1.030
PH	6.0	5.0-8.0
PROTEIN	NEGATIVE	NEGATIVE
GLUCOSE	NEGATIVE	NEGATIVE GM/DL
KETONES	NEGATIVE	NEGATIVE
BILIRUBIN, URINE	NEGATIVE	NEGATIVE
BLOOD	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
UROBILINOGEN	0.2	0.1-1.0 EU

LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE

ED - BASIC METABOLIC GROUP

Component	Value	Standard Range & Units
GLUCOSE ISTAT	93	60-99 MG/DL
SODIUM ISTAT	140	133-145 MEQ/L
POTASSIUM ISTAT	3.8	3.5-5.3 MEQ/L
CHLORIDE ISTAT	102	98-108 MEQ/L
CO2 ISTAT	28	23-32 MEQ/L
BUN ISTAT	10	7-23 MG/DL
CREATININE ISTAT	0.8	0.5-1.2 MG/DL
CALCIUM IONIZED ISTAT	**1.25**	1.12-1.23 MMOL/L

US DOPPLER ABD/PELVIS/RETRO/SCROTUM LTD

Component

Text

Transvaginal pelvic ultrasound ovarian Doppler

Clinical History: Pelvic pain

Comparison: None

Findings:

Transvaginal pelvic ultrasound only was performed to assess for a cause of pelvic pain. Doppler of both ovaries was performed to exclude torsion given pelvic pain.

Uterus measures approximately 7.5 x 3.4 x 4.4 cm. IUD is identified within the endometrium in the fundus. There are small nabothian cysts noted in the cervix. There are no endometrial abnormalities. The endometrium measures 3 mm in thickness. There are no uterine masses.

The left adnexa there is a complex cyst containing septations. The ovary measures 4.4 x 3.4 x 4.3 cm. The cyst measures 3.6 x 2.7 x 3.9 cm. There are no mural nodules or areas of internal flow within the cyst.

Doppler evaluation demonstrates arterial and venous waveforms within the left ovary.

The right ovary measures 3.6 x 2.4 x 2.0 cm. There are no solid or cystic ovarian lesions. A Doppler evaluation demonstrates normal arterial and venous waveforms with in the right ovary.

There is no free fluid in the pelvis.

Impression:

1. Complex left adnexal cyst. A followup transvaginal ultrasound in 2 to 3 menstrual cycles is recommended.

2. No evidence of ovarian torsion.

3. IUD in the uterus.

FINAL REPORT

Thank you for referring your patient to NorthShore University HealthSystem

Dictated on: 01/29/2013 18:07
Dictating Resident/Fellow/Radiologist: GUEST, AMY B. MD
Transcribed by: PT 01/29/2013 18:07
Electronically Verified and Signed by: GUEST, AMY B. MD 01/29/2013 18:11

URINE MICROSCOPIC

Component
URINE MICROSCOPIC
SEE COMMENT
Comment:
Urine microscopic examination not usually significant when all macroscopic parameters are normal.

US TRANSVAGINAL SCREEN

Component
Text

Transvaginal pelvic ultrasound ovarian Doppler

Clinical History: Pelvic pain

Comparison: None

Findings:

Transvaginal pelvic ultrasound only was performed to assess for a cause of pelvic pain. Doppler of both ovaries was performed to exclude torsion given pelvic pain.

Uterus measures approximately 7.5 x 3.4 x 4.4 cm. IUD is identified within the endometrium in the fundus. There are small nabothian cysts noted in the cervix. There are no endometrial abnormalities. The endometrium measures 3 mm in thickness. There are no uterine masses.

The left adnexa there is a complex cyst containing septations. The ovary measures 4.4 x 3.4 x 4.3 cm. The cyst measures 3.6 x 2.7 x 3.9 cm. There are no mural nodules or areas of internal flow within the cyst.

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There is no free fluid in the pelvis.

Impression:

1. Complex left adnexal cyst. A followup transvaginal ultrasound in 2 to 3 menstrual cycles is recommended.

2. No evidence of ovarian torsion.

3. IUD in the uterus.

FINAL REPORT

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Dictated on: 01/29/2013 18:07
Dictating Resident/Fellow/Radiologist: GUEST, AMY B. MD
Transcribed by: PT 01/29/2013 18:07
Electronically Verified and Signed by: GUEST, AMY B. MD 01/29/2013 18:11

CHLAMYDIA/GC BY PCR, GE

Component	Value	Standard Range & Units
CHLAMYDIA DNA PCR	NEGATIVE	NEGATIVE
N GONORRHOEAE DNA PCR	NEGATIVE	NEGATIVE

TRICHOMONAS PREP,GENITAL

Component
TRICHOMONAS/YEAST PREP
See below
Comment:
NEGATIVE: Wet mount NEGATIVE for Trichomonas and yeast.

CULT&GRM STN, VAGINAL

Component
CULTURE GENITAL
See below
Comment:
3+ (Moderate) Mixed vaginal flora
No group A or B streptococci isolated
No Neisseria gonorrhoeae isolated.

CULTURE GENITAL
Candida albicans
3+ (Moderate)

Problem List as of 1/29/2013

TRACHEA/BRONCHUS DIS NEC
Unspecified asthma, with exacerbation
IUD surveillance
Lumbar radiculopathy

Your Problem List

Please let your doctor or your doctor's care team know if any items on your problem list are missing or incorrect. Some of the problems listed may not have been addressed by your doctor during this visit.

View your test results anywhere, anytime - http://www.northshoreconnect.org/
For additional health resources visit our website at http://www.northshore.org/health-resources/

NorthShore
University HealthSystem

SKOKIE HOSPITAL ED
9600 GROSS POINT ROAD
SKOKIE IL 60077
Phone: 847-933-6950

Green, Jennifer S
MRN# 007312028

Department: **SKOKIE HOSPITAL ED**
ED Visit Date: **5/24/13**

You were seen by Skinner, Jeffrey A., MD and Hart, Sari L., MD.

Diagnosis

Ovarian cyst

Your Discharge & Follow Up Instructions Are:

Use Motrin according to package instructions for pain as needed.

Make appointment to see your obstetrician gynecologist next week.

Return if fever, severe vomiting, uncontrollable pain

Follow-up Information

Follow up With	Details	Comments	Contact Info
Singh, Mohitmeet, MD			

WHEN CALLING THE DOCTOR'S OFFICE FOR A FOLLOW UP APPOINTMENT, PLEASE MENTION YOU WERE SEEN IN THE EMERGENCY DEPARTMENT.

These are your medications prescribed today:

None

Medications reported taking as of 05/24/2013
ClonAZEPAM (Klonopin) Dose: 1 Tab **Route:** Oral **Frequency:** 1 Tab every night at bedtime.
Topiramate Sprinkle Cap Dose: 25 mg **Route:** Oral **Frequency:** Take 1 Cap by mouth two times per day.
TraMADol Dose: 100 mg **Route:** Oral **Frequency:** 2 Tabs every 6 hours as needed.
Fluticasone HFA Dose: 1 Puff **Route:** Inhalation **Frequency:** 1 Puff inhale two times per day.
Montelukast Dose: 1 Tab **Route:** Oral **Frequency:** Take 1 Tab by mouth every night at bedtime.
ALBUTEROL IN Dose: Route: Inhalation **Frequency:** inhale as needed.
ZYRTEC Dose: Route: Oral **Frequency:** One tablet every day
Albuterol Neb 2.5mg/3ml (0.083%) for PFT Dose: 2.5 mg **Route:** Inhalation **Frequency:** 3 mL inhale as directed

THE ABOVE LIST CONTAINS MEDICATIONS THAT YOU ARE CURRENTLY TAKING BASED ON INFORMATION YOU PROVIDED TO THE EMERGENCY DEPARTMENT STAFF. IF YOU HAVE ANY QUESTIONS ABOUT ANY OF THESE MEDICATIONS, PLEASE CONTACT YOUR PRIMARY CARE PHYSICIAN.

VERBALIZED UNDERSTANDING OF DISCHARGE INSTRUCTIONS AND COPY GIVEN.

You may receive a brief survey on the telephone or in the mail asking you to tell us about your NorthShore University HealthSystem experience. Please take a few minutes to share your opinions with us. Your feedback is greatly appreciated.
Thank You.

Results

US TRANSVAGINAL SCREEN (Order 222398620)

Patient Information

Patient Name	Sex	DOB
Green, Jennifer S	Female	1/1/1982

Lab Information

Lab
TEST LAB
Resulting Physician: SPEAR, GEORGIA GIAKOUMIS

PACS Report

Click here for detailed report or images for US TRANSVAGINAL SCREEN

Entry Date

5/24/2013

Component Results

Text:

CLINICAL HISTORY: Abdominal pain. Last menstrual period 05/17/2013. Gravida 1, para 0. IUD in place.

The patient reports focal pain in the right inguinal region. She had prior hernia repair in 2012.

COMPARISON: 04/10/2013.

TECHNIQUE: Transabdominal and transvaginal pelvic ultrasound was performed.

FINDINGS:

An IUD is in place. The uterus measures 7.4 x 3.7 x 3.4 cm. The endometrial stripe measures 3 mm. This is within normal limits.

The right ovary measures 4.9 x 2.9 x 1.9 cm. Within the right ovary, there is a 1.7 x 1.5 x 1.3 cm cyst. The left ovary measures 2.7 x 3.1 x 2.6 cm. Within the left ovary, there is a 7 x 6 x 5 mm echogenic structure that likely represents an involuting corpus luteum cyst.

No pelvic free fluid is identified.

Sonographic evaluation of the area of pain in the right inguinal region demonstrates shadowing from prior mesh placement. No suspicious sonographic findings are identified.

IMPRESSION:

1. 1.7 cm cyst versus dominant follicle in the right ovary.

2. IUD in place.

3. No sonographic abnormality in the area of pain over the right inguinal region. Correlation with clinical scenario is recommended.

This exam was dictated at Glenbrook Hospital.

FINAL REPORT

Thank you for referring your patient to NorthShore University HealthSystem

Dictated on: 05/24/2013 17:21
Dictating Resident/Fellow/Radiologist: SPEAR, GEORGIA GIAKOUMIS MD
Transcribed by: PT 05/24/2013 17:21
Electronically Verified and Signed by: SPEAR, GEORGIA GIAKOUMIS MD
05/24/2013 17:31

Lab and Collection

US TRANSVAGINAL SCREEN (Order #222398620) on 5/24/2013 - Lab and Collection Information

Result History

US TRANSVAGINAL SCREEN (Order#222398620) on 5/24/13 - Order Result History Report.

Result Information

Status	Provider Status
Final result (5/24/2013 5:37 PM)	Ordered

NorthShoreConnect Status:

This result is currently not released to NorthShoreConnect through MyChart.

Order — US TRANSVAGINL SCREEN (NON-OB) [A0372235] (Order 222398620)

Patient Information

Patient Name	Sex	DOB
Green, Jennifer S	Female	1/1/1982

Result Information

Status
Final result (5/24/2013 5:37 PM)
Provider Status: Ordered

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
5/24/2013 4:19 PM	5/24/2013 4:19 PM	5/24/2013 4:30 PM	5/24/2013 4:30 PM

Provider Information

Ordering User
Liontis, Electra, RN
Ordering Provider: Hart, Sari L., MD
Authorizing Provider: Hart, Sari L., MD

Attending Provider(s)
Skinner, Jeffrey A., MD
PCP: Singh, Mohitmeet, MD
Billing Provider: Spear, Georgia Giakoumis, MD
Hart, Sari L., MD

Order Information

Date	Released By
5/24/2013	Liontis, Electra, RN

Authorizing: Hart, Sari L., MD
Department: Sk Emergency Room

Comments

SER: SK EXAM 08-08